

CERTIFICATE OF INSURANCEDate:(MM/DD/YY)
12/27/2005**PRODUCER**

Lockton Companies of Houston
5847 San Felipe, Suite 320
Houston, TX 77057
866-260-3538 (Phone)
866-492-1055 (Fax)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE**INSURED:**

ATC Group Services Inc.
ATC Associates Inc.
9185 S Farmer Avenue, Suite 105
Tempe, AZ 85284

Insurer A:	Commerce & Industry (AIG)
Insurer B:	Insurance Company of the State of Pennsylvania
Insurer C:	American International Specialty Lines Insurance Company
Insurer D:	Insurance Company of the State of PA
Insurer E:	Illinois National Insurance Co

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY BE EXHAUSTED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS
	GENERAL LIABILITY				
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> OCCURRENCE	417-87-02	06/01/2005	06/01/2006	FIRE DAMAGE (ANY ONE FIRE) \$ 500,000
	<input checked="" type="checkbox"/> XCU INCLUDED				MED EXP (PER PERSON) \$ 10,000
	ISO FORM CG 00 01 10 01				PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS/COMP. OP. AGG \$ 2,000,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				(EACH ACCIDENT)
A	ALL OWNED AUTOS	505-36-20 (AOS)	06/01/2005	06/01/2006	
A	SCHEDULED AUTOS	505-45-48 (FL, GA & NY)	06/01/2005	06/01/2006	
A	<input checked="" type="checkbox"/> HIRED AUTOS	505-45-49 (MA)	06/01/2005	06/01/2006	
E	<input checked="" type="checkbox"/> NON-OWNED AUTOS	505-36-81 (TX)	06/01/2005	06/01/2006	
	EXCESS LIABILITY/UMBRELLA				
C	<input checked="" type="checkbox"/> OCCURRENCE	UMB 7549087	06/01/2005	06/01/2006	EACH OCCURRENCE \$ 5,000,000
	CLAIMS MADE				AGGREGATE \$ 5,000,000
	WORKERS' COMPENSATION				WORKERS' COMPENSATION STATUTORY
D	and EMPLOYERS LIABILITY	WC-3288489 (AOS)	06/01/2005	06/01/2006	EL EACH ACCIDENT \$ 1,000,000
B		WC-3288490 (CA)	06/01/2005	06/01/2006	EL DISEASE-EA EMPLOYEE \$ 1,000,000
					EL DISEASE-POLICY LIMIT \$ 1,000,000
C	OTHER Professional/Pollution Liability - Claims Made	1956679	06/01/2005	06/01/2006	EACH CLAIM \$ 1,000,000
					AGGREGATE \$ 1,000,000

REMARKS: DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT PROVISIONS:

CHECK BOX ☒ BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES EXCEPT PROFESSIONAL/POLLUTION LIABILITY WITH RESPECT TO LIABILITY ARISING OUT OF OPERATION PERFORMED BY OR ON BEHALF OF NAMED INSURED WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

☒ CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED ON ALL POLICIES (EXCEPT FOR WORKERS' COMP/EL AND PROFESSIONAL/POLLUTION) WITH RESPECT TO LIABILITY ARISING OUT OF OPERATIONS PERFORMED BY OR ON BEHALF OF NAMED INSURED WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

UMBRELLA LIMITS ARE EXCESS OF GENERAL LIABILITY, AUTOMOBILE LIABILITY AND EMPLOYER'S LIABILITY.

Additional Insured in favor of The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees (on all policies except Workers' Compensation/EL and Professional Pollution) where and to the extent required by written contract.

CERTIFICATE HOLDER:

Arizona Department of Environmental Quality
100 North 15th Avenue, Suite 104
Phoenix, AZ 85007

CANCELLATION:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. *EXCEPT 10 DAYS NOTICE FOR NONPAYMENT.

AUTHORIZED REPRESENTATIVE



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CG 20 10 11 85

ADDITIONAL INSURED—OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees

Named Insured: ATC Group Services Inc.

Policy Term: June 1, 2005 - 2006

Policy #GL 417 87 02

Date Issued: 06/01/2005

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.